



Service Retirement Election Application

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

PLEASE DO NOT MAIL OR DELIVER YOUR APPLICATION TO CalPERS MORE THAN 90 DAYS BEFORE YOUR RETIREMENT DATE.

Section 1

Please provide your full name including middle initial.

Name (First Name, Middle Initial, Last Name) Social Security Number

Address

Please display all dates in this order: month/day/year.

City State ZIP Country

Birthdate (mm/dd/yyyy) Gender Home Phone Work Phone

Section 2

Provide your last day on payroll only if you left employment 4 months ago or longer.

Information About Your Retirement

Please see pages 6 & 7 for detailed instructions.

Retirement Date (mm/dd/yyyy) Last Day on Payroll (mm/dd/yyyy)

Employer Position Title

Please do not abbreviate your employer or position.

Temporary Annuity - If you select this benefit, you must also fill out section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance beneficiary(ies).

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____. The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month.

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from _____ to _____

Beginning date (mm/dd/yyyy) Ending date (mm/dd/yyyy)

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? ☐ No ☐ Yes, provide:

Name of System

Date of Retirement (mm/dd/yyyy) Beginning Service Credit Date (mm/dd/yyyy) Ending Service Credit Date (mm/dd/yyyy)

Do not list Social Security, military or railroad retirement as a California public retirement system.

Section 3

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a-3d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please see pages 8 to 11 for more information on this section.

Select **only one** payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

- ☐ **Option 1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 2** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 2W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Unmodified Allowance Option** - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death - except the Survivor Continuance Benefit, if applicable. There is no beneficiary designation for this option.

These options apply to Option 4 **Individual Lifetime Beneficiary** only.

- ☐ **Option 4, Individual Lifetime Beneficiary** - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
- ☐ **Option 2W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.
- ☐ **Option 3W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.
- ☐ **Specific Dollar Amount to Beneficiary** \$ _____ - To complete this option choice, you must also fill out
Section 3a *Individual Lifetime Beneficiary* Dollars
- ☐ **Specific Percentage to Beneficiary** _____ % - To complete this option choice, you must also fill out
Section 3a *Individual Lifetime Beneficiary* Percent
- ☐ **Reduced Allowance for Fixed Period of Time** _____ through _____.
Percent or Dollars Date (mm/dd/yyyy)
- To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary*.
- ☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ _____ reduction amount
Dollars
- To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

This option applies to Option 4 **Multiple Lifetime Beneficiaries** only.

- ☐ **Option 4, Multiple Lifetime Beneficiaries** - To complete this option choice, you must also fill out Section 3b *Multiple Lifetime Beneficiaries*.

These options apply to Option 4, **Court Ordered Community Property** only.

- ☐ **Option 4, Court Ordered Community Property** - If you select this option, you must also complete section 3c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Community Property options.
- ☐ **Option 4/Unmodified** - There is no additional beneficiary designation for this option.
- ☐ **Option 4/1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 4/2W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 4/3W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

Your Name

Social Security Number

Section 3a

Designate one beneficiary
and provide all of that
person's information
including full name.

Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	
Address			
City	State	ZIP	Country

Section 3b

If you want
your beneficiaries to
receive an equal share
of your benefits, do
not specify a dollar or
percentage of benefit.

Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Section 3c

List only the
Option 4 beneficiary
that is required by your
court order.

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	
Address			
City	State	ZIP	Country

Put your name and Social Security number at the top of every page

Your Name

Social Security Number

Section 3d

Designate up to 2 beneficiaries here. If you want to designate more than 2 beneficiaries or name different beneficiaries for the Option 1 balance and the Temporary Annuity balance, see page 11 for information on completing the Lump Sum Beneficiary Designation form.

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Complete this section only if you selected **Option 1**, **Option 4-2W/1** or **3W/1** combined or the **Temporary Annuity** allowance. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. For detailed information and instructions please refer to page 11 and 12 of this booklet.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Section 4

ALL APPLICANTS MUST COMPLETE THIS SECTION.

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

Retired Death Benefit

This section designates the person who will receive your lump-sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. For detailed information and instructions please refer to page 12 of this booklet.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Section 5

Please answer all five questions and complete the information in each section where you answered "yes".

Survivor Continuance

Please see page 12 for more information on this section.

1. Will you be married on, and at least one year prior to, your retirement date? ☐ No ☐ Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Date of Marriage	

Section 5 continues on page 5

Your Name

Social Security Number

Section 5, continued

Please answer
all five questions and
complete the information
in each section where you
answered "yes".

Survivor Continuance

2. Will you be registered with the California Secretary of State as being in a domestic partnership on and at least one year prior to your retirement date? ☐ No ☐ Yes, provide:

Name of Domestic Partner (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Date of Registered Partnership (mm/dd/yyyy)

3. Do you have any natural or adopted unmarried children under age 18? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

5. Are your parents dependent upon you for one-half of their support? ☐ No ☐ Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Section 6

Have your employer
complete this section.

This certification is
not required if you
were separated from
employment more than
four months ago.

Employer Certification

Please see page 13 for more information on this section.

Employee's Last Day on Payroll (mm/dd/yyyy)

Employee's Separation Date (mm/dd/yyyy)

Balance of unused sick leave **DAYS** on employee's date of separation _____
Days

Balance of educational leave **DAYS** on employee's date of separation _____
Days

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer

Print Name (First Name, Middle Initial, Last Name)

Position Title of Employer

Phone Number of Employer

Date (mm/dd/yyyy)

Section 7

Please choose
one only.

Tax Withholding Election

Federal Income Tax information. Please see page 13 for more information on this section.

☐ Do not withhold federal income tax.

☐ Withhold federal income tax in the amount of \$ _____ per month.
Dollars

☐ Withhold federal income tax based on the tax tables for:

☐ A married individual with _____ tax withholding exemptions.
Number

☐ A single individual with _____ tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

Your Name

Social Security Number

Section 7, (continued)

Please choose
one only.

State withholding is
optional for out-of-state
residents.

Tax Withholding Election

State Income Tax information. Please see page 13 for more information on this section.

- ☐ Do not withhold State of California income tax.
- ☐ Withhold State of California income tax in the amount of \$ _____ per month.
Dollars

- ☐ Withhold State of California income tax based on the tax tables for:

- ☐ A married individual with _____ tax withholding exemptions.
Number
- ☐ A single individual with _____ tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

- ☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Section 8

THIS SECTION MUST BE
COMPLETED OR YOUR
APPLICATION WILL BE
RETURNED.

If your spouse's or
domestic partner's
signature is not available,
See page 16 for
instructions on completing
the Justification for
Absence of Signature form.

Your signature and your
spouse's or domestic
partner's signature must
be notarized or witnessed.

Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

See page 14 for more information on this section.

Are you legally married or have a legal domestic partner? ☐ No ☐ Yes

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: ☐ Never Married/or in Partnership ☐ Divorced/Annulled ☐ Widowed

Your Signature

Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

Notary

State

County

On _____ before me _____, personally known to me or
Date Name of Notary/Witness

- ☐ Proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

Witness my hand and official seal OR authorized CalPERS representative signature.

Representative's Signature

Position Title

Date

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711